

GRANT OPPORTUNITY

Title: Health Initiative Programs (HIP) Funding Partner Programs

**Supporting Innovation in Community Health
Through
Funding Partnerships:**

**Developmental Planning
Of the Regional Area Councils for Excellence (RACE) Initiative**

Proposal Submission Due Date: [June 9, 2006](#)

Instructions and Application Forms

**Point of Contact: Cordellia Vanover
Georgia Department of Community Health
Vendor and Grants Management, 35th Floor
2 Peachtree Street, NW
Atlanta, GA 30303-3159
Tel: 404 651-6917**

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Health Initiative Programs (HIP) Funding Partner Programs
Developmental Planning
Of the Regional Area Councils for Excellence (RACE) Initiative

Program Description and Requirements

<p>Background</p>	<p>The Georgia Department of Community Health (DCH) was created in 1999 (Senate Bill 241) with the responsibility of insuring over two million people in the State of Georgia to maximize the State's health care purchasing power, to coordinate health planning for state agencies, and to propose cost-effective solutions to reducing the numbers of uninsured. Within the Department, the Health Initiative Programs (HIP), formerly known as the Health Improvement Programs, serves to bring about awareness to health issues to promote and provide preventive measures for a more healthy style of living. HIP is comprised of 3 units: the Office of Minority Health (OMH), the Commission of Men's Health (CMH), and the Office of Women's Health (OWH).</p> <p>OMH was established to address the distressing health impacting minority populations, now accounting for 36% of Georgia's population.</p> <p>CMH was legislatively established by HB31-43-1 to address the ongoing, increasing and predominately silent crisis in the health and well being of Georgia's men that is reported as deteriorating steadily.</p> <p>In a like manner, the OWH was legislatively established by HB 31-5A-4 to serve as a clearinghouse for women's health issues while serving in an advisory capacity to the Governor, the DCH Board, the Department and all other state agencies in matters related to women's health.</p> <p>The core functions of the HIP and its perspective units are to:</p> <ul style="list-style-type: none"> • Raise awareness, educate, and empower people about their health issues and health issues in general; • Serve as a clearing house for women's and men's health related information; • Develop policies and plans that support community partnerships and actions to identify health problems and work to solve them; • Link persons who are in need of personal health services with various health professionals, facilities, etc.; • Evaluate the effectiveness, accessibility, and quality of personal and population-based health services; • Assure a competent public and personal health care workforce; • Conduct research to identify new insights and innovative solutions to health problems; • Foster awareness of current health crisis affecting specific ethnic populations; and • Encourage physical activity, healthy dieting and other positive behavioral lifestyle changes. <p>HIP also sponsors annual conferences focusing on minority, women and men's health issues and participates in various statewide health fairs and other community initiated events. Collaborative partnerships are formed with professional and notable health organizations and other agencies interested in health awareness and positive behavioral changes.</p>
<p>Purpose</p>	<p>To effectively replicate the Regional Minority Health Network (RMHN) model created by the OMH HIV/AIDS TAKE Project. This proposed initiative is to serve as the community based project funded by the Office of Women's Health through the establishment of five (5) regional area councils addressing the health needs of girls and women. The Regional Area Councils for Excellence (RACE) will focus on the regional specific, non-reproductive health aspects of Georgia's female residents from infancy through post-menopausal</p>

	years of life. Each regional area council will be expected to address issues and barriers encountered when providing health care services to minority communities.
Eligibility	<ul style="list-style-type: none"> • Rural Health Clinics • Faith-Based Organizations/Health Ministries • Local Women Councils • Non-profit organizations established to provide health services to young girls and women • Organizations providing family and community support to women • Consortia of the above listed entities
Special Conditions	To Participate, a Grantee Shall Comply with the Following: <ul style="list-style-type: none"> • Participate in all grantee conference calls and face-to-face meetings • Conduct at least one grantee facilitated site visit
Total Funds Available	The maximum grant award is \$50,500 to be awarded to one grantee as determined through the grant selection process.
Maximum amount of award	A maximum of five (5) grants will be awarded at a maximum of \$10,100 each to provide for the convening of the Regional Area Councils of Excellence.
Funding Cycle	One year: July 1, 2006 – June 30, 2007
Funding Preference	Preference will be given to applicants with projects that will substantially benefit minority females between the ages of infancy through the post-menopausal years residing in rural communities located in State Service Delivery Regions 8, 9, 11, and 12. Organizations serving rural communities are encouraged to apply.
Types of Projects Eligible for Funding	Grant funds may be used to: <ul style="list-style-type: none"> • Expand the program services of an existing initiative • Fund support staff to ensure completion of the goals and objectives of the project • Convene the local RACE within the certain geographical area. • Develop greater resource capacity and action plans to address the non-reproductive health aspects of females from infancy through the post-menopausal years of life.
Program Requirements	Grantees must: <ul style="list-style-type: none"> • Assemble the Regional Area Council for Excellence (RACE) member roster that is to include the representation of community stakeholders, service providers, community members, area faith-based institutions, health care providers and other necessary entities • Serve as the convener of its RACE initiative within thirty (30) days of the Notice of Award • Cooperate with the Health Initiative Programs and participate in the technical assistance meetings • Provide a meeting facility for each RACE and disseminate meeting notices to Health Initiative Programs (HIP) and meeting invitees • Develop the RACE Plan of Action that addresses issues identified by RACE during the strategic planning process • Provide quarterly reports to HIP project staff regarding project activities and progress • Conduct quarterly RACE meetings • Provide a staff representative to serve as the point of contact between RACE members, HIP project coordinator and the grantee •
Proposal Deadline	Friday, June 9, 2006: 4:00 PM
Deadline for submission of questions	Wednesday, May 31, 2006: 4:00 PM Answers to questions will be posted on Department of Community Health Website on Friday, June 2, 2006

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Health Initiative Programs (HIP) Funding Partner Programs

Application Submittal

An original and five (5) copies and of the Grant Application **are due by 4 p.m. on June 9, 2006 to:**

Mailing Address:

Cordellia Vanover, Grants Administrator
Georgia Department of Community Health
2 Peachtree Street, NW
Vendor and Grant Management, 35th Floor
Atlanta, GA 30303-3159
Tel: 404 651-6917
Email: cvanover@dch.ga.gov

Projects providing services to residents of underserved or rural counties in Georgia will receive special consideration. A rural area is defined as a county with a population of less than 35,000 or so designated based on state or federal legislation. The links listed below provide additional information regarding Georgia's poverty guidelines, uninsured and underinsured counties, and additional socio-economic information regarding counties within Georgia.

2006 Poverty Guidelines may be viewed at:

<http://aspe.hhs.gov/poverty/index.shtml>

Georgia's underinsured counties may be viewed at:

<http://www2.gsu.edu/~wwwghp/coveragepublications.htm>

Additional socio-economic information may be viewed at:

<http://quickfacts.census.gov/qfd/>

Application Format

Please follow the outline provided in the “application content” section. Page format preference includes: 1 inch margins, page numbers, and name of applicant on each narrative page (not necessary on form pages or supporting documents.)

Application Content

The following outline and instructions should be used to prepare the grant application. Proposals must be typewritten and follow the order and format provided below. Submit a concise application narrative describing your project.

I. Required Forms (Appendices A,B,C,D,E,F,G)

- A. Grant Application Form
- B. Governing Board Resolution
- C. Governing Board Composition
- D. Ethics Statement
- E. Ethics Procurement Policy
- F. Business Associate Agreement
- G. Grant Budget

II. Organization Information (not to exceed 3 typewritten pages – provide for each organization if a consortium application)

A. Eligibility Status - Describe organization status: a nonprofit clinic established to provide health services to low income or rural population groups; a government or quasi-governmental entity; a for-profit entity willing to provide services free of charge, faith based entity, or a consortium of these entities;

B. Background Information

1. Brief summary of organizational history
2. Brief summary of organization mission and goals
3. Brief description of organization's current programs and services
4. Brief summary of organization's relationship with other organizations working with similar missions
5. Brief discussion of how governing board represents the individuals or issues to be served or addressed by this grant

III. Project Description (not to exceed 10 typewritten pages)

A. Problem Statement – provide a statement about the problem your grant project is intending to address and discuss why this is an unmet need in your area.

B. Type of Project – declare type of project and provide a description.

Grant funds must be used to increase the number of patients receiving care or treatment and cannot be used exclusively for developing infrastructure or operations of a program or project unless doing so results in a measurable increase in the numbers of patients receiving care or treatment.

- **New or Expanded Services** – establish or expand services at an existing facility. Describe the need for additional health services in your community and why or how they are not currently being met.
- **Equipment** – procure, modernize, remodel, or replace equipment used in the delivery of direct patient services. We recommend that you discuss the absence, age or condition of existing equipment, the problems resulting, and your capacity to finance these improvements.
- **Care Delivery** - provide improvements for care delivery, such as increased translation and interpretation services. Describe the current availability of these services in your service area, what effect these services will have on patient care, and relate the need for these services to the community and clinic need.
- **Other** - other projects determined by the Commissioner to improve the ability of applicants to provide care to the vulnerable populations they serve.

C. Project Need – Provide demographic data and health information that correlates to the problem statement and describe how it supports the need for the grant project. Demographic data and health information must be provided for the service area population and patient population. This information must include, but need not be limited to, the following:

1. A description of your clinic geographic service area, may include a map
2. A description of the clinic target population
3. A description of the grant project target population, if different or more specific than the clinic target population
4. The percentage of service area population under 200% Federal Poverty Level
5. A description of other health care providers in or near your service area providing similar services to your target population
6. A description of the barriers to accessing care or services, proposed in your grant project, may include: geographic barriers related to travel and distance to next nearest source of care; cultural and linguistic barriers; clinic systemic barriers related to providing efficient and quality care, etc.
7. Other community or patient demographic information that specifically relates to the proposed grant project and supports the need for services, such as high percentage of uninsured population, high percentage or high growth rate of minority populations; high teenage pregnancy rate, high infant mortality rate, high morbidity due to specific diseases, high percentage of elderly population, etc. (include source, e.g., 2000 Census)

D. Project Objectives – provide statements of the short term or intermediate term outcomes related to improving the health services problems your proposal is intended to address. Objectives are tangible, measurable and achievable and should be specific to the proposed grant project and budget. A goal statement describes what will exist if the stated health service problem(s) are solved.

E. Project Work Plan or Methods – provide detailed description of how the goals and objectives will be reached through clearly defined strategies or activities.

F. Timeline – provide a timeline for the grant period under which activities and objectives will be accomplished.

G. Evaluation – describe a process for documenting results of this project, including whether or not project objectives have been met.

H. Staff Qualifications – briefly describe qualifications of key staff who will be involved in the project by attaching resumes as supporting documentation. (Appendix G)

I. Project Collaboration – describe any collaboration your project includes with existing healthcare providers or other private and public organizations; discuss any efficiencies and effectiveness you expect from collaboration.

J. Project/Outcome Sustainability – describe how this effort will be continued when the funds associated with this grant award are fully expended.

IV. Budget and Justification (not to exceed 3 typewritten pages)

A. Budget Form (Appendix G) - Categorize your proposed expenses on the budget form provided. Please identify all sources of funding (cash or in-kind) in addition to state funding requested under this grant for each budget category. Matching funds are encouraged, but not required.

B. Budget Justification - For each of the cost items on the budget form for which grant funds are requested, provide a rationale and details relative to how the budgeted cost items were calculated. This concise narrative should be labeled “Budget Justification” and be attached to the budget form.

1. **Salaries and Fringe** – For each proposed position to be paid from this project grant, provide the position title, total salary, fringe benefits, and FTE. Include a description of the activities of each position as it relates to the project including the percent of time to be spent on project activities and the amount of salary to be funded by the project budget.
2. **Contracted Services** – For each contract, provide the name of the contractor, components or services to be provided by the contractor, and cost per service, client or unit. If a subcontractor has been chosen, please include background information about that subcontractor including how the subcontractor’s previous experience relates to the project.
3. **Equipment** – Include a detailed description of the proposed equipment and/or capital improvements as they relate to the completion of the project. If possible, provide itemized costs.
4. **Other** – Whenever possible, include proposed expenditures in the categories listed above. If it is necessary to include expenditures in this general category, include a detailed description of the activities as it relates to the project. If possible, include a separate line item budget and budget narrative.

V. Attachments

In addition to required documentation and forms, evidence of community support, collaboration and coordination for the proposed project, and financial statements supporting need, you may submit any additional information you feel is relevant to the application.

Evaluation

Project: Regional Area Councils for Excellence (RACE) Initiative

The grant application will be evaluated according to the following assessment criteria of the applicant's ability to:

- Present a plan outlining steps to develop and recruit area representation of community stakeholders, service providers, community members, area faith-based institutions, health care and service providers as RACE members
- Detail and specify the roles and resources/services that each RACE partner organization contributes, the duration and terms of the agreement as confirmed by a signed Memoranda of Understanding/Memoranda of Agreement, MOU/MOA between the applicant organization and each partner
- Provide a MOU/MOA for each partner must be signed by individuals with the authority to represent and bind the organization (e.g., executive director, chief executive officer or senior administrator) and submit as part of the grant application
- Develop and provide signed Memoranda of Agreements (MOAs) with partners to establish formal linkages to identify social services and referrals for the targeted population based on a needs assessment
- Describe the agency's history of performance and relationships, past and current with family and women focused programs, local health and social service providers, and community-based organizations
- Demonstrate the ways the organization and services that are offered through its organization are gender and age appropriate, children and women focused, and children and women-friendly as well as culturally and linguistically appropriate to the target population
- Provide a time line and work plan for program implementation for the funding year; the time line should be developed in correlation to the goals, objectives and expected outcomes
- Describe in detail the plans for the local evaluation of the program and how the evaluation will be used to enhance the program
- Demonstrate an understanding of the problem
- Clearly state the organizations' goals and purpose(s)
- Include a demographic profile of the targeted rural community and counties
- Provide a discussion of the existing gaps in services
- Describe the management plan by identifying key project staff, their resumes and staffing chart for budgeted staff
- Include any to-be-hired staff and the required qualifications

The Georgia Department of Community Health Commissioner may elect not to award any of the clinic grants if applications fail to meet criteria or lack merit. Decisions made by the Georgia Department of Community Health regarding an application are final.

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
Health Initiative Programs (HIP) Funding Partner Programs

GRANT APPLICATION FORM

1. Applicant Organization (with which grant contract is to be executed)

Legal Name _____

Address _____

Phone__ (_____) _____

Federal ID Number _____ State Tax ID Number _____

2. Director of Applicant Organization _____

3. Fiscal Management Officer of Applicant Organization

Name/Title _____ Name/Title _____

Address _____

Address _____

Phone__ (_____) _____ Phone__ (_____) _____

E-mail _____ Email _____

4. Operating Organization (if different from number 1)

Name/Title _____

Address _____

Phone__ (_____) _____

5. Contact Person for Operating Organization (if different from number 2)

Name/Title _____

Address _____

Phone__ (_____) _____

6. Contact Person for Further Information on Application (if different from number 5)

Name/Title _____

Address _____

Phone__ (_____) _____ -

7. Amount Requested _____

8. Type of Organization (check all that apply):

Hospital _____ Clinic _____ Physician _____ Primary Care Provider _____

Governmental Entity _____ Nonprofit Entity _____ Faith Community _____ Consortia of these _____

9. I certify that the information contained herein is true and accurate to the best of my knowledge and that I submit this application on behalf of the applicant organization.

Signature	Title	Date
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Appendix B

GOVERNING BOARD RESOLUTION

Be it resolved that:

- 1) _____ apply for a grant from the Georgia Department of Community Health.
- 2) _____ certifies that it will comply with the requirements of **Health Initiative Programs (HIP) Funding Partner Programs**
- 3) _____ enter into a grant contract with the State of Georgia if the application is successful.
- 4) _____ is hereby authorized to execute contracts and
(Name and Title of Authorized Official)

to execute contracts and certifications as required to implement the organization's participation in the **Health Initiative Programs (HIP) Funding Partner Programs**

I certify that the above resolution was adopted by the
(Governing Body)

of _____ on _____.
(Organization) (Date)

SIGNED:

WITNESSED:

(Signature)

(Signature)

(Title)

(Title)

(Date)

(Date)

Georgia Department of Community Health

Health Initiative Programs (HIP) Funding Partner Programs

GOVERNING BOARD COMPOSITION

TODAY'S DATE ____/____/____

Name and Address	Clinic User Yes (Y) No (N)	<i>Board Office</i>	Board Term Expires	Years of Continuous Board Service	Live (L) Work (W) in Service Area	Occupation/ Expertise	Race/ Ethnicity

STATEMENT OF ETHICS

Preamble

The Department of Community Health (DCH) has embraced a mission to improve the health of all Georgians through health benefits, systems development, and education. In accomplishing this mission, DCH employees and any individual, group, contractor or grantee who receives funds from DCH must abide by this Statement of Ethics must work diligently and conscientiously to support the goals of improving health care delivery and health outcomes of the people we serve, empowering health care consumers to make the best decisions about their health and health care coverage, and ensuring the stability and continued availability of health care programs for the future. Ultimately, the mission and goals of the organization hinge on each employee's commitment to strong business and personal ethics. This Statement of Ethics requires that each employee or previously defined party:

- Promote fairness, equality, and impartiality in providing services to clients
- Safeguard and protect the privacy and confidentiality of clients' health information, in keeping with the public trust and mandates of law
- Treat clients and co-workers with respect, compassion, and dignity
- Demonstrate diligence, competence, and integrity in the performance of assigned duties
- Commit to the fulfillment of the organizational mission, goals, and objectives
- Be responsible for employee conduct and report ethics violations to the Ethics Officer
- Engage in carrying out DCH's mission in a professional manner
- Foster an environment that motivates DCH employees and vendors to comply with the Statement of Ethics
- Comply with the Code of Ethics set forth in O.C.G.A. Section 45-10-1 et seq.

Not only should DCH employees comply with this Statement of Ethics, but DCH expects that each vendor, grantee, contractor, and subcontractor will abide by the same requirements and guidelines delineated. Moreover, it is important that employees and members of any advisory committee or commission of DCH acknowledge the Statement of Ethics.

Ethical Guidelines

1. Code of Conduct

All employees of DCH are expected to maintain and exercise at all times the highest moral and ethical standards in carrying out their responsibilities and functions. Employees must conduct themselves in a manner that prevents all forms of

impropriety, including placement of self-interest above public interest, partiality, prejudice, threats, favoritism and undue influence. There will be no reprisal or retaliation against any employee for questioning or reporting possible ethical issues.

2. Equal Employment

The Department is committed to maintaining a diverse workforce and embraces a personnel management program which affords equal opportunities for employment and advancement based on objective criteria. DCH will provide recruitment, hiring, training, promotion, and other conditions of employment without regard to race, color, age, sex, religion, disability, nationality, origin, pregnancy, or other protected bases. The Department expects employees to support its commitment to equal employment. The failure of any employee to comply with the equal employment requirements provided in DCH Policy #21 may result in disciplinary action, up to and including termination.

3. Harassment

DCH will foster a work environment free of harassment and will not tolerate harassment based on sex (with or without sexual conduct), race, color, religion, national origin, age, disability, protected activity (*i.e.*, opposition to prohibited discrimination or participation in a complaint process) or other protected bases from *anyone* in the workplace: supervisors, co-workers, or vendors. The Department strongly urges employees to report to the Human Resources Section any incident in which he or she is subject to harassment. Additionally, any employee who witnesses another employee being subjected to harassment should report the incident to the Human Resources Section. If DCH determines that an employee has engaged in harassment, the employee shall be subject to disciplinary action, up to and including termination, depending on the severity of the offense.

4. Appropriate Use of DCH Property

Employees should only use DCH property and facilities for DCH business and not for any type of personal gain. The use of DCH property and facilities, other than that prescribed by departmental policy, is not allowed. Furthermore, the use of DCH property and facilities for any purpose which is unlawful under the laws of the United States, or any state thereof, is strictly prohibited.

Employees who divert state property or resources for personal gain will be required to reimburse the Department and will be subject to the appropriate disciplinary action, up to and including, termination.

5. Secure Workplace

DCH is committed to maintaining a safe, healthy work environment for its employees. Accordingly, it is DCH's expectation that employees refrain from being under the influence of alcohol or drugs in the workplace because such conduct poses a threat to the employee, as well as others present in the workplace. Additionally, DCH has a zero tolerance policy regarding violence in the workplace. Specifically, DCH will not condone the threat of, or actual assault or attack upon, a client, vendor, or other employee. If an employee engages in violent behavior which results in an assault of another person, he or she will be immediately terminated.

6. Political Activities

Although the DCH recognizes that employees may have an interest in participating in political activities and desires to preserve employees' rights in participating in the political process, employees must be aware of certain allowances and prohibitions associated with particular political activities. DCH encourages employees to familiarize themselves with DCH Policy #416 to gain understanding about those instances when a political activity is disallowed and/or approval of such activity is warranted.

7. Confidentiality

DCH has a dual mandate in terms of confidentiality and privacy. Foremost, as a state agency, DCH must comply with the Georgia Open Records Act and Open Meetings Act. The general rule that is captured by those laws is that all business of the agency is open to the public view upon request. The exceptions to the general rule are found in various federal and state laws. In order to protect the individuals' health information that is vital to the delivery of and payment for health care services, DCH sets high standards of staff conduct related to confidentiality and privacy. Those standards are reinforced through continuous workforce training, vendor contract provisions, policies and procedures, and web-based resources.

8. Conflicts of Interest

Employees should always strive to avoid situations which constitute a conflict of interest or lend to the perception that a conflict of interest exists. Specifically, employees must avoid engaging in any business with the DCH which results in personal financial gain. Similarly, employees must encourage family members to avoid similar transactions since they are subject to the same restrictions as employees. DCH encourages its employees to seek guidance from the Office of General Counsel regarding questions on conflicts of interest.

9. Gifts

Employees are strictly prohibited from individually accepting gifts from any person with whom the employee interacts on official state business. Gifts include, but are not limited to, money, services, loans, travel, meals, charitable donations, refreshments, hospitality, promises, discounts or forbearance that are not generally available to members of the public. Any such item received must be returned to the sender with an explanation of DCH's Ethics Policy.

10. Relationships with Vendors and Lobbyists

DCH values vendors who possess high business ethics and a strong commitment to quality and value. Business success can only be achieved when those involved behave honestly and responsibly. Therefore, it is critical that employees ensure that vendors contracting with DCH are fully informed of DCH policies concerning their relationships with DCH employees and that these policies be uniformly applied to all vendors. Among other requirements, DCH expects that each vendor will honor the terms and conditions of its contracts and agreements. If DCH determines that a vendor has violated the terms and conditions of a contract or agreement, the vendor shall be held responsible for its actions.

Employees must ensure that fair and open competition exists in all procurement activities and contracting relationships in order to avoid the appearance of and prevent the opportunity for favoritism. DCH strives to inspire public confidence that contracts are awarded equitably and economically. DCH will apply the state procurement rules, guidelines, and policies. Open and competitive bidding and contracting will be the rule.

DCH recognizes that lobbyists, both regulatory and legislative, may from time to time seek to meet with DCH employees to advance a particular interest. DCH recognizes that employees may have personal opinions, even those that may be contrary to a position that DCH has adopted. DCH employees, however, must recognize that the public, including legislators and lobbyists, may have difficulty differentiating between the official DCH position and a personal opinion. Accordingly, employees should always work directly with the Director of Legislative Affairs in preparing any responses to requests or questions from elected officials and their staff or lobbyists.

ACKNOWLEDGEMENT

I, the undersigned, hereby acknowledge that:

A. I have received, read, and understand the Georgia Department of Community Health Statement of Ethics;

B. I agree to comply with each provision of the Georgia Department of Community Health Statement of Ethics;

C. I am a: ☐ Member of the Board of the Department of Community Health
☐ Member/employee of advisory committee or commission
☐ Department Employee
☐ Vendor/Contractor/Subcontractor/Grantee

Signature Date

Print Name Print Supervisor's Name

Division/Section

Appendix E

Georgia Department of Community Health

DCH Ethics In Procurement Policy	Policy No. 402
Effective Date: April 10 , 2006 Release Date: April 5, 2006	Page 1 of 8

I. THE COMMITMENT

The Department is committed to a procurement process that fosters fair and open competition, is conducted under the highest ethical standards, is fully compliant with all instruments of governance and has the complete confidence and trust of the public it serves. To achieve these important public purposes, it is critical that potential and current vendors, as well as employees, have a clear understanding of, and an appreciation for, the DCH Ethics in Procurement Policy (the “Policy”).

II. SCOPE

This Policy is applicable to all Vendors and Employees, as those terms are defined below.

III. CONSIDERATIONS

Procurement ethics must include, but is not limited to, the following considerations:

A. Legitimate Business Needs

The procurement of goods and services will be limited to those necessary to accomplish the mission, goals, and objectives of the Department.

B. Conflicts of Interest

A “conflict of interest” exists when personal interest interferes in any way with the interests of the Department. A conflict situation can arise when an individual takes actions or has interests that may make it difficult to perform his or her work objectively and effectively. Conflicts of interest also arise when an individual, or a member of his or her Immediate Family, receives improper personal benefits as a result of his or her action, decision, or disclosure of Confidential Information in a Procurement.

C. Appearance of Impropriety

Employees must take care to avoid any appearance of impropriety and must disclose to their supervisors any material transaction or relationship that reasonably could be expected to give rise to a conflict of interest. Similarly, anyone engaged in a business relationship with the Department should avoid any appearances of impropriety.

D. Influence

An impartial, arms' length relationship will be maintained with anyone seeking to influence the outcome of a Procurement.

E. Gifts

DCH Employees are prohibited from soliciting, demanding, accepting, or agreeing to accept Gifts from a Vendor.

F. Misrepresentations

Employees and Vendors may not knowingly falsify, conceal or misrepresent material facts concerning a Procurement.

G. Insufficient Authorization

Employees may not obligate the Department without having received prior authorization from an approved official. Engaging in such activity is a misrepresentation of authority.

An Employee's failure to adhere to these considerations, as well as the guidelines set forth herein shall be grounds for disciplinary action, up to and including, termination. Similarly, a Vendor's failure to comply with this Policy will result in appropriate action as determined by governing state and/or federal law, rules and regulations, and other applicable Department policies and procedures.

IV. DEFINITIONS

For purposes of this policy:

"Affiliate Vendor Team" shall mean employees, directors, officers, contractors, and consultants of a Vendor that directly or indirectly assist the Vendor in the preparation of response to a Procurement.

"Confidential Information" shall mean all information not subject to disclosure pursuant to the Open Records Act, O.C.G.A. §50-18-70 et seq. that a current Vendor or potential Vendor might utilize for the purpose of responding to Procurement or that which is deemed disadvantageous or harmful to the Department and to the citizens of the State of Georgia in that such disclosure might lead to an unfair advantage of one Vendor over another in a Procurement.

"Contracting Officer" shall mean the Department Employee maintaining oversight of the Procurement process who may also be designated as the Point of Contact as described below.

“Department” shall mean the Georgia Department of Community Health.

“Employee” shall mean any person who is employed by the Department.

“Evaluation Team” shall mean a designated group of Department Employees who review, assess, and score documents submitted to the Department in response to a Procurement solicitation.

“Gifts” shall mean, for purposes of this Policy, money, advances, personal services, gratuities, loans, extensions of credit, forgiveness of debts, memberships, subscriptions, travel, meals, charitable donations, refreshments, hospitality, promises, discounts or forbearance that are not generally available to members of the public. A Gift need not be intended to influence or reward an Employee.

“Financial Interest” shall mean, for purposes of this Policy, an ownership interest in assets or stocks equaling or exceeding 0%.

“Immediate Family” shall mean a spouse, dependent children, parents, in-laws, or any person living in the household of the Employee.

“Kickback” shall mean compensation of any kind directly or indirectly accepted by an Employee from a Vendor competing for or doing business with the Department, for the purpose of influencing the award of a contract or the manner in which the Department conducts its business. Kickbacks include, but are not limited to, money, fees, commissions or credits.

“Procurement” shall mean buying, purchasing, renting, leasing, or otherwise acquiring any supplies, services, or construction. The term also includes all activities that pertain to obtaining any supply, service, or construction, including description of requirements, selection and solicitation of sources, preparation and award of contract, as well as the disposition of any Protest.

“Protest” shall mean a written objection by an interested party to an RFQ or RFP solicitation, or to a proposed award or award of a contract, with the intention of receiving a remedial result.

“Protestor” shall mean an actual bidder/offeror who is aggrieved in connection with a contract award and who files a Protest.

“Point of Contact” shall mean the individual designated to be a Vendor’s only contact with the DCH following the public advertisement of a solicitation or the issuance of a request for a bid, proposal, or quote, until the award of a resulting contract and resolution of a Protest, if applicable.

“Prohibited Contact” shall mean contact with any officer, member of the Board or other Employee of the DCH, other than the Point of Contact, whereby it could be reasonably inferred that such contact was intended to influence, or could reasonably be expected to influence, the outcome of a Procurement. This prohibition includes, without limitation, personal meetings, meals, entertainment functions, telephonic communications, letters, faxes and e-mails, as well as any other activity that exposes the Employee to direct contact with a Vendor. This prohibition does not include contacts with Employees solely for the purpose of discussing existing on-going Department work which is unrelated to the subject of the Procurement. Inquiries regarding the status of a Procurement should also be directed to the Point of Contact.

“Vendor” shall mean any individual or entity seeking to or doing business with the Department within the scope of this Policy, including, without limitation, contractors, consultants, suppliers, manufacturers seeking to act as the primary contracting party, officers and Employees of the foregoing, any subcontractors, sub consultants and sub suppliers at all lower tiers, as well as any person or entity engaged by the Department to provide a good or service.

“DOAS Vendor Manual” shall mean the Georgia of Department of Administrative Services’ vendor manual.

V. EMPLOYEE RESPONSIBILITIES

A. *Evaluation Team Members*

1. The Contracting Officer must ensure that employees participating in any Procurement activities have sufficient understanding of the Procurement and evaluation process and the applicable DCH and DOAS rules and regulations and policies associated with the processes.
2. Evaluation team members are tasked with conducting objective, impartial evaluations, and therefore, must place aside any personal and/or professional biases or prejudices that may exist. Additionally, Employees serving on an Evaluation Team must not allow personal relationships (i.e. friendships, dating) with Employees, principals, directors, officers, etc. of a Vendor or individuals on the Affiliate Vendor Team to interfere with the ability to render objective and fair determinations. Such interference may constitute the appearance of, and/or an actual conflict of interest and should be immediately disclosed to the Contracting Officer prior to the Employee’s participation on the evaluation team. The Contracting Officer shall consult with the Ethics Officer to make a determination as to whether the Employee should participate on the evaluation team.
3. In the event that the Department determines that a conflict of interest does exist and the Employee failed to make the appropriate disclosure, the Department will disqualify the Employee from further participation on the evaluation team. Furthermore, in the event that the Department determines that the conflict of interest did impact the outcome of a Procurement, such Employee may be subject to disciplinary action, up to and including termination.
4. In the event that the Department identifies that the employee maintains a relationship of any sort that lends to an appearance of a conflict of interest with respect to a Procurement, the Department may, in its discretion, take appropriate action to eliminate such an appearance, up to and including the disallowance of the Employee’s participation in any Procurement activities. In such instances, the employee most likely will not be subject to disciplinary action.
5. Prior to participating on an evaluation team, each DCH Employee must execute a statement attesting and acknowledging that:
 - a. The Employee shall not participate in a decision or investigation, or render an approval, disapproval, or recommendation with respect to any aspect of a

Procurement, knowing that the Employee, or member of their immediate family has an actual or potential Financial Interest in the Procurement, including prospective employment;

- b. The Employee shall not solicit or accept Gifts, regardless of whether the intent is to influence purchasing decisions;
- c. The Employee shall not be employed by, or agree to work for, a Vendor or potential Vendor or Affiliate Vendor Team during any phase of a Procurement;
- d. The Employee shall not knowingly disclose Confidential Information;
- e. The Employee is precluded from engaging in Prohibited Contact upon the release of a Procurement solicitation, during the Evaluation Process, and throughout a Protest period, period of stay or court injunction related to procurement with which Employee was associated or at any time prior to the final adjudication of the Protest;
- f. The Employee is responsible for reporting any violations of this Policy in accordance with this Policy;
- g. The Employee will be responsible for complying with all DOAS rules and regulations, as well as Georgia law pertaining to procurements and conflicts of interest; and
- h. The Employee shall not assist a potential Vendor in the Procurement process in evaluating the solicitation, preparing a bid in response to the evaluation, or negotiating a contract with the Department. This prohibition shall not prohibit the Contracting Officer from carrying out his or her prescribed duties as allowed by DCH policy and procedures or the DOAS Vendor Manual.

B. *Responsibilities of Non-Evaluation Team Members*

All Employees should be mindful of the importance of confidentiality during any Procurement. Even if an Employee is not serving in the capacity of a member on the Evaluation Team, the Employee must refrain from engaging in conduct with a Vendor that could result in a conflict of interest or be considered a Prohibited Contact.

VI. VENDOR RESPONSIBILITIES

A. *Gifts and Kick-Backs*

Vendors may neither offer nor give any Gift or Kick-backs, directly or indirectly, to an Employee. Similarly, no Vendor may offer or give any Gift or Kick-backs, directly or indirectly, to any member of an Employee's Immediate Family. Such prohibited activity may result in the termination of the contract, in those cases where the Vendor has executed a contract with the Department. In the event that a potential Vendor who has submitted a response to a Procurement solicitation engages in such activity, the Department shall act in accordance with DOAS protocol.

B. *Family Relationships with Department Employees*

If a Vendor has a family or personal relationship with the Employee, a Gift that is unconnected with the Employee's duties at the DCH is not necessarily prohibited. In determining whether the giving of an item was motivated by personal rather than business concerns, the history of the relationship between the Vendor and Employee shall be considered. However, regardless of the family or personal relationship between a Vendor and an Employee, a Gift is strictly forbidden where it is being given under circumstances where it can reasonably be inferred that it was intended to influence the Employee in the performance of his or her official duties.

C. *Vendor Submittals*

The Department expects all potential Vendors and current Vendors to be forthcoming, always submitting true and accurate information in response to a Procurement or with regard to an existing business relationship. If the Department determines that the Vendor has intentionally omitted or failed to provide pertinent information and/or falsified or misrepresented material information submitted to the Department, the Department shall act in accordance with applicable state law and DOAS procurement policies and procedures.

Vendors must calculate the price(s) contained in any bid in accordance with Section 5.11 of the DOAS Vendor Manual.

D. *Business Relations*

A Vendor may not be allowed to conduct business with the Department for the following reasons:

1. Falsifying or misrepresenting any material information to the Department as set forth hereinabove;
2. Conferring or offering to confer upon an Employee participating in a Procurement (which the entity has bid or intends to submit a bid) any Gift, gratuity, favor, or advantage, present or future; and
3. Any other reasons not explicitly set forth herein that are contained in the DOAS Vendor Manual.

VII. USE OF CONFIDENTIAL INFORMATION

Employees will not use Confidential Information for their own advantage or profit, nor will they disclose Confidential Information during a Procurement to any potential Vendor or to any other unauthorized recipient outside DCH.

VIII. ADDRESSING VIOLATIONS

A. *The Process*

Adherence to this policy makes all DCH staff responsible for bringing violations to the attention of the Contracting Officer under Procurement protocols or to a supervisor/manager if the affected Employee is not a part of the Procurement. If for any reason it is not

appropriate to report a violation to the Contracting Officer or the Employee's immediate supervisor, Employees will report such violations or concerns to the Ethics Officer. The Contracting Officer and managers are required to report suspected ethics violations to the Ethics Officer who has specific responsibility to investigate all reported violations.

Reporting suspected policy violations by others shall not jeopardize an Employee's tenure with the Department. Confirmed violations will result in appropriate disciplinary action, up to and including termination from employment. In some circumstances, criminal and civil penalties may be applicable.

The Ethics Officer will notify the employee making the report of the suspected violation of receipt of such report within five (5) business days. All reports will be promptly investigated and appropriate corrective action will be taken if warranted by the investigation.

B. *Good Faith Filings*

Anyone filing a complaint concerning a violation of this policy must be acting in good faith and have reasonable grounds for believing the information disclosed indicates a violation. Any allegations that prove not to be substantiated and which prove to have been made maliciously or knowingly to be false will be viewed as a serious disciplinary offense.

C. *Confidentiality*

Violations or suspected violations may be submitted on a confidential basis by the complainant or may be submitted anonymously. Reports of violations or suspected violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation. Additionally, all Employees are expected to cooperate in the investigation of such violations. Failure to cooperate in an investigation may result in disciplinary action, up to and including termination from employment.

ACKNOWLEDGEMENT

I, the undersigned, hereby acknowledge that:

- A. I have received, read, and understand the Georgia Department of Community Health's ***Statement of Ethic In Procurements***;
- B. I agree to comply with each provision of the Georgia Department of Community Health's ***Statement of Ethics In Procurement***;
- C. I am a (please check which applies):
 - ☐ Contractor
 - ☐ Subcontractor
 - ☐ Vendor

COMPANY NAME

Authorized Signature

Date

Print Name

AFFIX CORPORATE SEAL HERE
(Corporations without a seal, attach a
Certificate of Corporate Resolution)

ATTEST: _____
SIGNATURE

Date

TITLE

* Must be President, Vice President, CEO or Other Authorized Officer

**Must be Corporate Secretary

SIGNATURE PAGE

Individual's Name: (typed or printed): _____

*Signature: _____ Date: _____

Title: _____

Telephone No.: _____ Fax No. _____

Company or Agency Name and Address: _____

BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement (hereinafter referred to as “Agreement”), effective this _t day of _____ is made and entered into by and between the Georgia Department of Community Health (hereinafter referred to as “DCH”) and _____. (hereinafter referred to as “Contractor”).

WHEREAS, DCH is required by the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (“HIPAA”), to enter into a Business Associate Agreement with certain entities that provide functions, activities, or services involving the use of Protected Health Information (“PHI”);

WHEREAS, Contractor, under Contract No. _____ (hereinafter referred to as “Contract”), may provide functions, activities, or services involving the use of PHI;

NOW, THEREFORE, for and in consideration of the mutual promises, covenants and agreements contained herein, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, DCH and Contractor (each individually a “Party” and collectively the “Parties”) hereby agree as follows:

1. Terms used, but not otherwise defined, in this Agreement shall have the same meaning as those terms in the Privacy Rule, published as the Standards for Privacy of Individually Identifiable Health Information in 45 CFR Parts 160 and 164 (“Privacy Rule”):
2. Except as limited in this Agreement, Contractor may use or disclose PHI only to extent necessary to meet its responsibilities as set forth in the Contract provided that such use or disclosure would not violate the Privacy Rule if done by DCH.
3. **Unless otherwise required by Law, Contractor agrees:**
 1. That it will not request, create, receive, use or disclose PHI other than as permitted or required by this Agreement or as required by law.
 2. To establish, maintain and use appropriate safeguards to prevent use or disclosure of the PHI other than as provided for by this Agreement.
 3. To mitigate, to the extent practicable, any harmful effect that is known to Contractor of a use or disclosure of PHI by Contractor in violation of the requirements of this Agreement.
 4. That its agents or subcontractors are subject to the same obligations that apply to Contractor under this Agreement and Contractor agrees to ensure that its agents or subcontractors comply with the conditions, restrictions, prohibitions and other limitations

regarding the request for, creation, receipt, use or disclosure of PHI, that are applicable to Contractor under this Agreement.

5. To report to DCH any use or disclosure of PHI that is not provided for by this Agreement of which it becomes aware. Contractor agrees to make such report to DCH in writing in such form as DCH may require within twenty-four (24) hours after Contractor becomes aware.
6. To make any amendment(s) to PHI in a Designated Record Set that DCH directs or agrees to pursuant to 45 CFR 164.526 at the request of DCH or an Individual, within five (5) business days after request of DCH or of the Individual. Contractor also agrees to provide DCH with written confirmation of the amendment in such format and within such time as DCH may require.
7. To provide access to PHI in a Designated Record Set, to DCH upon request, within five (5) business days after such request, or, as directed by DCH, to an Individual. Contractor also agrees to provide DCH with written confirmation that access has been granted in such format and within such time as DCH may require.
8. To give DCH, the Secretary of the U.S. Department of Health and Human Services (the "Secretary") or their designees access to Contractor's books and records and policies, practices or procedures relating to the use and disclosure of PHI for or on behalf of DCH within five (5) business days after DCH, the Secretary or their designees request such access or otherwise as DCH, the Secretary or their designees may require. Contractor also agrees to make such information available for review, inspection and copying by DCH, the Secretary or their designees during normal business hours at the location or locations where such information is maintained or to otherwise provide such information to DCH, the Secretary or their designees in such form, format or manner as DCH, the Secretary or their designees may require.
9. To document all disclosures of PHI and information related to such disclosures as would be required for DCH to respond to a request by an Individual or by the Secretary for an accounting of disclosures of PHI in accordance with the requirements of the Privacy Rule.
10. To provide to DCH or to an Individual, information collected in accordance with Section 3. I. of this Agreement, above, to permit DCH to respond to a request by an Individual for an accounting of disclosures of PHI as provided in the Privacy Rule.

4. Unless otherwise required by Law, DCH agrees:

That it will notify Contractor of any new limitation in DCH's Notice of Privacy Practices in accordance with the provisions of the Privacy Rule if, and to the extent that, DCH determines in the exercise of its sole discretion that such limitation will affect Contractor's use or disclosure of PHI.

That it will notify Contractor of any change in, or revocation of, permission by an Individual for DCH to use or disclose PHI to the extent that DCH determines in the exercise of its sole discretion that such change or revocation will affect Contractor's use

or disclosure of PHI.

That it will notify Contractor of any restriction regarding its use or disclosure of PHI that DCH has agreed to in accordance with the Privacy Rule if, and to the extent that, DCH determines in the exercise of its sole discretion that such restriction will affect Contractor's use or disclosure of PHI.

5. The **Term of this Agreement** shall be effective as of _____, and shall terminate when all of the PHI provided by DCH to Contractor, or created or received by Contractor on behalf of DCH, is destroyed or returned to DCH, or, if it is infeasible to return or destroy PHI, protections are extended to such information, in accordance with the termination provisions in this Section.

A. Termination for Cause. Upon DCH's knowledge of a material breach by Contractor, DCH shall either:

- (1) Provide an opportunity for Contractor to cure the breach or end the violation, and terminate this Agreement if Contractor does not cure the breach or end the violation within the time specified by DCH;
- (2) Immediately terminate this Agreement if Contractor has breached a material term of this Agreement and cure is not possible; or
- (3) If neither termination nor cure is feasible, DCH shall report the violation to the Secretary.

B. Effect of Termination.

Except as provided in paragraph (A.) (2) of this Section, upon termination of this Agreement, for any reason, Contractor shall return or destroy all PHI received from DCH, or created or received by Contractor on behalf of DCH. This provision shall apply to PHI that is in the possession of subcontractors or agents of Contractor. Neither Contractor nor its agents nor subcontractors shall retain copies of the PHI.

- (1) In the event that Contractor determines that returning or destroying the PHI is not feasible, Contractor shall send DCH detailed written notice of the specific reasons why it believes such return or destruction not feasible and the factual basis for such determination, including the existence of any conditions or circumstances which make such return or disclosure infeasible. If DCH determines, in the exercise of its sole discretion, that the return or destruction of such PHI is not feasible, Contractor agrees that it will limit its further use or disclosure of PHI only to those purposes DCH may, in the exercise of its sole discretion, deem to be in the public interest or necessary for the protection of such PHI, and will take such additional action as DCH may require for the protection of patient privacy or the safeguarding, security and protection of such PHI.
- (2) If neither termination nor cure is feasible, DCH shall report the violation to the Secretary.

- (3) Section 5. B. of this Agreement, regarding the effect of termination or expiration, shall survive the termination of this Agreement.

C. Conflicting Termination Provisions.

In the event of conflicting termination provisions or requirements, with respect to PHI, the termination provisions of Section 5 in this Business Associate Agreement shall control and supercede and control those in the underlying Contract.

- 6. Interpretation.** Any ambiguity in this Agreement shall be resolved to permit DCH to comply with applicable Medicaid laws, rules and regulations, and the Privacy Rule, and any rules, regulations, requirements, rulings, interpretations, procedures or other actions related thereto that are promulgated, issued or taken by or on behalf of the Secretary; provided that applicable Medicaid laws, rules and regulations and the laws of the State of Georgia shall supercede the Privacy Rule if, and to the extent that, they impose additional requirements, have requirements that are more stringent than or have been interpreted to provide greater protection of patient privacy or the security or safeguarding of PHI than those of HIPAA and its Privacy Rule.
- 7.** All other terms and conditions contained in the Contract and any amendment thereto, not amended by this Amendment, shall remain in full force and effect.

Signatures on following page

SIGNATURE PAGE

Individual's Name: (typed or printed): _____

*Signature: _____ Date: _____

Title: _____

Telephone No.: _____ Fax No. _____

Company or Agency Name and Address: _____

* Must be President, Vice President, CEO or other authorized officer

**Must be Corporate Secretary

**Georgia Department of Community Health
Project Budget
by Funding Source**

Categories	Grant Funds Requested	Non-grant funds contributed	Total
*Personnel:			
Administrative Salaries and Fringe			
Allied Health Salaries and Fringe			
Interpreter or other direct client services salaries			
Interpreter or other direct client services salaries			
Personnel Total			
Office Operations			
Equipment			
Consultants/ Subcontractors			
Space Rental			
Other			
TOTAL			

Note:

A budget narrative that explains each line item must accompany the budget. Sub-contractors must be identified. If contractors have not yet been identified explain the selection process. Please identify all sources of funding (cash or in-kind) in addition to state funding requested under this grant and include a description in the budget narrative.